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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: VERTEX II GP, LLC, Registered Agent for Vertex Recovery, L.P. 1331 Gemini, Ste. 250 Houston, Texas 77058		A. Signat X B. Receiv	0	BAV inted Name)) c.	☐ Agent☐ Addressee Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
		☐ Re	e Type rtified Mail gistered ured Mail	☐ Expre	m Receipt	for Merchandise
		4. Restricted Delivery? (Extra Fee)				☐ Yes
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